UNITED STATES BANKRUPTON COURT FOR THE DISTRI	CT OF NEVADA	PROOF OF INTEREST
META MATERIAS	24-50792-Wb	
1 Name and iddress of holder of the Liquity Interest (the person or entity holding in Equity Interest in the Debtor Referred to hereinatter is the Interest holder.) GINA DONATO	Check box if you are aware that anyone cise has filed a proof of interest relating to your interest. Attach copy of statement giving particulars.	
84-736 LAHAINA ST., WAIANAE HI 96792	Check box if you have never receised any notices from the bankruptey courtor the Debtors in this case.	
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	☐ Check box if this address differs from the address on the envelope sent to you by the Debtors	
NOTE This form SHOULD NOT be used to make a claim against the Debtor of form should be used for that purpose. This form should only be used to assert a Interest is any right arising from any capital stock and any equity security in an in the Bankruptev Code as (a) a share in a corporation whether or not transfer security, (b) interest of a limited partner in a limited partnership, or (c) warrant purchase, sell, or subscribe to a share, security or interest of a kind specified in	nn Equity Interest in the Debtor An Lquity i <u>y of</u> the Debtor <u>An equity security is defi</u> med able or denominated stock or similar it or right other than a right to convert to	COURT USE ONLY
Account or other number by which Interest ho der identifies Debtor Account or other number by which Interest ho der identifies Debtor	Check here if this claim leplaces a previously filed Proof of Interested amends a previously filed Proof of Interested	atcd
2 Name and Address of any person or entity that is the record holder for the Equity Interest asserted in this Proof of Interest CHARLES SCHWAD Telephone Number 800 - 435 - 400	3 Date Equity Interest was acquired O/2/2023	
4 Total amount of member interest 44 Shares	5 Certificate number(s)	
6 I vpc of I quity Interest Please indicate the type of I quity Intereses on hold Check this box if your Equity Interest is based on an actual member interest Check this box if your I quity Interest is based on anything else and describ Description WYESTOR	t hold in the Dobtor e that interest	
Supporting Documents Attach copies of supporting documents such as stoe DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available	ole explain. If the documents are voluminous, atta	
8 Date Stamped Copy To receive in acknowledgement of the filing of your Pro- Interest	oof of Interest Enclose a stamped self addressed e	invelope and copy of this Proof of
(Attach copy of power of attorney if any) of their author		rets endorser or othercodebtor 1005)
I declare under penalty of perjury that the information provided in this claim is true Print Name GIVA DONA-TO Intle Company Address and telephone number (if different from notice address above)	(Signature)	11/05/2024
	Telephone number 760-855-3137911	wavevaller 8088